|  | . ,  |   | Application or Docket Number      |                     |   |                                     |                  |          |  |                        |    |                     |                        |  |
|--|--|---|-----------------------------------|---------------------|---|-------------------------------------|------------------|----------|--|------------------------|----|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR                               |  |   |                                   |                     |   |                                     |                  |          | 25801 POS3                                   |                        |    |                     |                        |  |
|  |  | MALL<br>TYPĖ                              | EN                                |                     | OR                                      | OTHER SMALL E                       |                  |          |  |                        |    |                     |                        |  |
| TOTAL CLAIMS   |  |   | 44                                |                     |   |                                     |                  | RATE     |  | FEE                    |    | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED                      |                     | NUMBER EXTRA                            |                                     |                  | BASIC F  | Ē  | 370.00                 | OR | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 44 minus 20=                      |                     | • 29                                    |                                     |                  | X\$ 9:   |  |                        | OR | X\$18=              | 432                    |  |
| INDEPENDENT CLAIMS   |  |   |                                   | us 3 =              | · /                                     |                                     |                  | X42=     |  |                        | OR | X84=                | 84                     |  |
| MU   | TIPLE DEPEN  | DENT CLAIM PI                             | RESENT                            |                     |   |                                     |                  | +140=    |  |                        | OR | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                   |                     |   |                                     |                  | TOTA     | ī  |                        | OR | TOTAL               | 1256                   |  |
| 4  | 18/05 CL   | AIMS AS A                                 | SMAİ                              | L.E                 | ENTITY                                  | OR                                  | OTHER<br>SMALL E |          |  |                        |    |                     |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGH<br>NUM<br>PREVI              |                     | MD 2)<br>HEST<br>(BER<br>OUSLY<br>) FOR | PRESENT<br>EXTRA                    |                  | RATI     |  | ADDI-<br>TIONAL<br>FEE |    | RATE .              | ADDI-<br>TIONAL<br>FEE |  |
| DEME   | Total  | .44                                       | Minus                             | 4                   | 4                                       | - a                                 |                  | X\$ 9    | •  |                        | OR | X\$18=              | ଚ                      |  |
| REN  | Independent  | • 4                                       | Minus                             | *** ~               | 1                                       | -0                                  |                  | X42:     | <u>.                                    </u> |                        | OR | X84=                | 0                      |  |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP                       | ENDEN               | T CLAIM                                 |                                     |                  | +140     | <u>.</u>                                     |                        | OR | +280=               |                        |  |
| 9-15-05  |  |   |                                   |                     |   |                                     |                  | 10       | ΙĀL  |                        | OR | YOTAL<br>ADDIT, FEE | 7                      |  |
| 4  | -13-00   | (Column 1)                                |                                   | <u>L</u> .          | ADDIT. F                                | ŧE (                                |                  | 8        | ALASHI, FEE                                  |                        |    |                     |                        |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | NUI<br>PREV         | HEST<br>MBER<br>TOUSLY<br>DFOR          | PRESENT<br>EXTRA                    |                  | RATI     | Ε  | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| 9  | Total  | .44                                       | Minus                             | 4                   | 7                                       | - Ø,                                |                  | X\$ 9    | -  |                        | OR | X\$18=              |                        |  |
| AMENDMENT  | Independent  | . 4                                       | Minus                             | *** <u></u>         | 1                                       | 1-10                                | 4                | X42      | •  |                        | OR | X84=                | •                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |   |                                   |                     |   |                                     |                  | +140     | <b>-</b>                                     |                        | OR | +280=               |                        |  |
|  |  |   |                                   |                     |   |                                     |                  | ADDIT. I | TAL<br>FEE                                   |                        | OR | ADDIT. FEE          |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                   |                     |   |                                     |                  |          |  |                        |    |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | NU<br>PREV<br>PAI   |   | PRESENT<br>EXTRA                    |                  | RAT      | E  | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus                             | **                  |   | -                                   |                  | X\$ 9    | ø.   |                        | OR | X\$18=              |                        |  |
|  | Independent •  |   | Minus •••                         |                     | TCIAIN []                               |                                     | 4                | X42      | =  |                        | ОЯ | X84=                |                        |  |
|  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                                   |                     |   |                                     |                  | +140     | )±   |                        | OR | +280=               |                        |  |
| <b>□</b> ⊶   | If the entry in colu<br>If the "Highest Nu<br>"If the "Highest Nu<br>The "Highest Nu | mber Previously I                         | Paid For IN THI<br>Paid For IN TH | S SPACI<br>IS SPACI | E is less th<br>E is less th            | an 20, enter "2<br>an 3. enter "3." | •                | ADDIT, I |  |                        | OR | AUUII, FEE          |                        |  |